


**TRANSMITTAL
FORM**

 Total Number of Pages in this Submission: **4** Docket No. **EMC-04-003**
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate)	<input type="checkbox"/> Assignment <input type="checkbox"/> Recordation Cover Sheet	<input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate)
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT
9/5/07

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CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8]

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September 5, 2007

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Linda Valanzola

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